

OCCURRENCE DATE(S)				DATE REPORTED		<b>SANTA FE POLICE DEPARTMENT HOT SHEET</b>				ORI NO. <b>NM0260100</b>		INCIDENT NO. <b>15-011165</b>		STN# <b>06</b>		PRIMAR <b>YES</b>									
ON OR BETWEEN										GEOGR. CODE <b>01075</b>		CASE NUMBER <b>15-011165</b>		BURGLAR FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF UNITS ENT. <b>1</b>									
MM/DD/YY <b>07/31/2015</b>		MM/DD/YY <b>07/31/2015</b>		MM/DD/YY <b>07/31/2015</b>		AGENCY <b>SANTA FE PD</b>																			
TIME <b>17:45</b>		DAY OF WEEK <b>FRID</b>		TIME <b>23:15</b>		DAY OF WEEK <b>FRID</b>		TIME <b>23:22</b>		DAY OF WEEK <b>FRID</b>		ADDRESS / LOCATION OF INCIDENT <b>757 BACA STREET</b>				CITY <b>SANTA FE</b>		CTY. <b>01</b>		ZIP <b>87505</b>		GANG REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HATE / BIAS MOT. CODE	
<b>OFFENSE</b>	OFFENSE / INCIDENT					STATUTE OR ORDINANCE		FEL / MISD.	ATTEMPTED / COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING								
	<b>1 BURGLARY</b>					<b>30-16-3</b>		<b>F</b>	<b>C</b>	<b>220</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>		<b>20</b>	<b>95</b>		<b>UNK</b>	<b>UNK</b>	<b>NO</b>					
<b>SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)</b>	PERSON CODES		V-VICTIM	W-WITNESS	O-OTHER	TYPE CODES		P-POLICE	O-OTHER	INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
	G-PARENT/GUARDIAN		C-CITED	D-DECEASED		I-INDIVIDUAL		G-GOVERNMENT	U-UNKNOWN	B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE									
	R-REPORTING PERSON		S-SUSPECT	N-MISSING PERSON/		B-BUSINESS		R-RELIGIOUS		M-APPARENT MINOR INJURY		B-BLACK		C-CHINESE		O-OTHER									
	H-INTERVIEWED		A-ARRESTED	R-RUNAWAY		F-FINANCIAL INST.		S-SOCIETY/PUB		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER									
	N CODE		TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																				
	<b>V</b>		<b>I</b>	<b>N</b>	<b>VIGIL CHRISTINE</b>																				
	STREET ADDRESS										APT. NO.	CITY				CTY.	STATE	ZIP							
	<b>757 BACA STREET</b>										<b>3</b>	<b>SANTA FE</b>				<b>01</b>	<b>NM</b>	<b>87505</b>							
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.		DOB		AGE	SEX	RACE								
	<b>(505) 204-1200</b>															<b>F</b>	WHT BLK ASIA IND UNK								
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.	
<b>5' 04"</b>		<b>170 LBS</b>		<b>BRO</b>		<b>BLU</b>																			
PERSON CODES		V-VICTIM	W-WITNESS	O-OTHER	TYPE CODES		P-POLICE	O-OTHER	INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE										
G-PARENT/GUARDIAN		C-CITED	D-DECEASED		I-INDIVIDUAL		G-GOVERNMENT	U-UNKNOWN	B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE										
R-REPORTING PERSON		S-SUSPECT	N-MISSING PERSON/		B-BUSINESS		R-RELIGIOUS		M-APPARENT MINOR INJURY		B-BLACK		C-CHINESE		O-OTHER										
H-INTERVIEWED		A-ARRESTED	R-RUNAWAY		F-FINANCIAL INST.		S-SOCIETY/PUB		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER										
N CODE		TYPE CODE	INJURY CODE	1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
STREET ADDRESS										APT. NO.	CITY				CTY.	STATE	ZIP								
RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.		DOB		AGE	SEX	RACE									
																WHT BLK ASIA IND UNK									
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.	
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE											
<b>5</b>		<b>27</b>		<b>DIGITAL PHOTOS</b>																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.													
		<b>1</b>				<b>PHOTOS</b>																			
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE											
<b>1</b>		<b>26</b>		<b>TELEVISION</b>		<b>EMERSON</b>						<b>\$160.00</b>													
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.													
		<b>1</b>				<b>36" FLAT SCREEN TV</b>																			
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR									
VALUE / DAMAGE EST.																									
<b>SYNOPSIS</b> ON FRIDAY JULY 31ST, 2015 OFFICERS RESPONDED TO THE ABOVE ADDRESS IN REFERENCE TO A RESIDENTIAL BURGLARY. VICTIM STATED AN UNKNOWN PERSON ENTERED HER RESIDENCE THROUGH THE LIVING ROOM WINDOW SOMETIME BETWEEN THE TIMES OF 5:45PM AND 11:15PM THIS DATE. ITEMS TAKEN WERE A 36" EMERSON FLAT SCREEN TELEVISION AND A SONY DVD PLAYER																									
<b>CERT./STATUS</b>	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES	NO	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		<b>X</b>		DATE														
	REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE										
	<b>LOVATO, GERALD</b>						<b>2976</b>		<b>07/31/2015</b>																
	ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE								
APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS		EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY I-NOT APPLICABLE		DATE									
										<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CLE.		<b>N</b>				<b>07/31/2015</b>									
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST		CASE NO.		CASE NO.											
<b>INV</b>																									

[illegible]

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR									
ON OR BETWEEN								NM0260100		15-011169		04		YES									
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F. NO OF UNITS ENT.									
07/31/2015		07/31/2015		07/31/2015		SANTA FE PD				01075		15-011169		1									
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT				CITY		CTY.		ZIP		GANG REL. YES NO HATE / BIAS MOT. CODE					
18:00		FRID		23:59		FRID		4129 SOUTH MEADOWS APT 1114				SANTA FE		01		87507							
OFFENSE / INCIDENT		STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING	
		1		BURGLARY		30-16-3		F		C		220		NO		NO		NO		20		UNK UNK NO	
		2		LARCENY >\$500 BUT <\$2,500		30-16-1(D)		F		C		90Z		NO		NO		NO		20		UNK UNK NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES		V-VICTIM		W-WITNESS		D-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE	
		G-PARENT/GUARDIAN		C-CITED		D-DECEASED				H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		C-CHINESE		O-OTHER	
		R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		J-JAPANESE		U-UNKNOWN	
		I-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-UNCONSCIOUSNESS		I-AMERICAN INDIAN/NATIVE AMERICAN					
PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																	
V		I		N		LOVATO																	
STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP													
4129 SOUTH MEADOWS		1114		SANTA FE		01		NM		87507													
RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASIA		IND		UNK	
(505) 412-0251										F													
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.	
5' 03"		275 LBS		BLK		BRO																	
PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																	
STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP													
RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASIA		IND		UNK	
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.	
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE									
5		77		CD																			
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.											
		1				CD WITH DIGITAL PHOTOS				08/01/15													
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE																	

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011125		STN# 02		PRIMAR YES													
MM/DD/YY 07/31/2015		MM/DD/YY 07/31/2015		MM/DD/YY 07/31/2015		AGENCY SANTA FE PD				GEOGR. CODE 13026		CASE NUMBER 15-011125		BURGLAR FORCE NO F. <input type="checkbox"/> <input checked="" type="checkbox"/>		NO. OF UNITS ENT.													
TIME 13:30		DAY OF WEEK FRID		TIME 13:30		DAY OF WEEK FRID		ADDRESS / LOCATION OF INCIDENT 2804 CALLE PRINCESSA JUANA				CITY SANTA FE		CTY. ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE											
OFFENSE	OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING		
	1 WARRANT SERVICE						SFPD-03		M		C				NO		NO		NO				20		01 01 01		NO NO NO		
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE								
	G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE								
	R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		C-CHINESE		O-OTHER								
	I-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-UNCONSCIOUSNESS		J-JAPANESE		J-JAPANESE		U-UNKNOWN								
	PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
	A		I		N		ROYBAL																						
							MARISOL																						
							STREET ADDRESS		APT. NO.		CITY																		
							2804 CALLE PRINCESSA				SANTA FE																		
							RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX												
																F													
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.									
						5' 04"		200 LBS		BRO		BRO																	
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																	
						STREET ADDRESS		APT. NO.		CITY																			
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX													
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.									
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE									
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.											
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE									
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.											
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR									
						VALUE / DAMAGE EST.																							
SYNOPSIS		ON FRIDAY JULY 31ST, 2015 I OFFICER SCOTT GILBERTSON WAS DISPATCHED TO 2840 CALLE PRINCESSA JUANA IN REFERENCE TO A RESTRAINING ORDER VIOLATION.																											
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		3		DATE		07/31/2015														
	REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE												
	GILBERTSON, SCOTT				POI		7232		07/31/2015																				
	ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE												
	APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE																				
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE. EXCEPT CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																	
												A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE CASES CLEARED BY THIS ARREST CASE NO. CASE NO.																	
												CASE NO.																	

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011103		STN# 01		PRIMAR YES											
ON OR BETWEEN				AGENCY SANTA FE PD				GEOGR. CODE 13026		CASE NUMBER 15-011103		BURGLAR FORCE NO F. YES NO		NO. OF UNITS ENT.											
MM/DD/YY 07/30/2015		MM/DD/YY 07/31/2015		MM/DD/YY 07/31/2015		ADDRESS / LOCATION OF INCIDENT 3650 CERRILLOS				CITY SANTA FE		CTY. ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE									
TIME 20:00		DAY OF WEEK THU		TIME 08:30		DAY OF WEEK FRID		TIME 08:30		DAY OF WEEK FRID		ADDRESS / LOCATION OF INCIDENT 3650 CERRILLOS		CITY SANTA FE		CTY. ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE					
OFFENSE / INCIDENT		STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING			
		1		30-16-4		F		C		220		NO		NO		NO		P		05		01 01 01		ALCOH. DRUG COMP.	
		AGGRAVATED BURGLARY																							
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED R-RUNAWAY		W-WITNESS D-DECEASED M-MISSING PERSON/ A-ARRESTED RUNAWAY		O-OTHER		TYPE CODES H-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN	
		PERO N CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) COPPEDGE		BRYAN		RUSSELL													
		STREET ADDRESS 418 HOLLANDIA RD		APT. NO.		CITY SAND SPRINGS		CTY.		STATE OK		ZIP 74063-0000													
		RES. PHONE (918) 695-8087		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK											
		HEIGHT 6' 02"		WEIGHT 220 LBS		HAIR BRO		EYES BLU		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.	
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED R-RUNAWAY		W-WITNESS D-DECEASED M-MISSING PERSON/ A-ARRESTED RUNAWAY		O-OTHER		TYPE CODES H-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN	
		PERO N CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) COPPEDGE		BRYAN		RUSSELL													
		STREET ADDRESS 418 HOLLANDIA RD		APT. NO.		CITY SAND SPRINGS		CTY.		STATE OK		ZIP 74063-0000													
		RES. PHONE (918) 695-8087		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK											
		HEIGHT 6' 02"		WEIGHT 220 LBS		HAIR BRO		EYES BLU		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.	
PROPERTY STATUS 1		PROPERTY TYPE 77		TYPE OF ITEM HAND GUN		MAKE / BRAND PHOENIX		MODEL 22 CAL		CALIBER 22		VALUE \$400.00		DRUG VALUE											
		SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) SILVER 10 ROUND MAG		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.											
		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE									
		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.											
		YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR							
VALUE / DAMAGE EST.																									



OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR																	
ON OR BETWEEN										NM0260100		15-011053		06																			
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																	
07/30/2015				07/30/2015		SANTA FE PD				01075		15-011053		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> F.																	
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT				CITY		CTY.		ZIP																	
12:42		THU		12:42		THU		ST MICHAELS-6TH				SANTA FE		01		87505																	
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
						1		SFPD-03		M		C		90Z				NO		NO				13				NO		NO		NO	
PERSON CODES						V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
						G-PARENT/GUARDIAN		C-CITIZEN		D-DECEASED		I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BLACK		C-CHINESE		J-JAPANESE		O-OTHER		U-UNKNOWN							
PERSON CODES						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/ RUNAWAY		F-FINANCIAL INST.		S-SOCIETY/PUB		B-APPARENT BROKEN BONE		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		A-AMERICAN INDIAN/NATIVE AMERICAN											
						H-INTERVIEWED		A-ARRESTED																									
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)		BILL		P																	
						A		I		N		ROIBAL																					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																	
						#2 JUNIPER						SANTA FE				NM		87508-0000															
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASIA		IND		UNK					
																				M													
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL		VICTIM OF SUSP. NO		REL		VICTIM OF SUSP. NO		REL			
						5' 11"		215 LBS		BRO		BRO																					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		ASIA		IND		UNK					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL		VICTIM OF SUSP. NO		REL		VICTIM OF SUSP. NO		REL			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.															
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.															
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR											
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						VALUE / DAMAGE EST.																											
SYNOPSIS						MR. BILL ROIBAL WAS STOPPED FOR EXPIRED REGISTRATION AND SUBSEQUENTLY ARRESTED FOR MAGISTRATE WARRANT M-49-TR-2015-02340 SIGNED BY JUDGE D. YOUNG FOR FAILURE TO APPEAR FOR SPEEDING. MR. ROIBAL WAS HANDCUFFED ACCORDING TO POLICY AND TRANSPORTED TO MAGISTRATE COURT. MR. ROIBAL WAS RELEASED TO THE CUSTODY OF THE COURT.																											
CERT./STATUS						"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE															
						REPORTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE															
						CAMPBELL, BYRON		POIII		5938		07/30/2015																					
						ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE													
						APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		INCIDENT STATUS		EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY F-NOT APPLICABLE		DATE													
						BUTLER, NICO		SGT				07/30/2015		ACTIVE INACT. CLOSED U.F. CLA. CLE.																			
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)						CASES CLEARED BY THIS ARREST		CASE NO.		CASE NO.		CASE NO.																					
						CASE NO.		15-011053																									

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011042		STN# 01		PRIMAR YES																	
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011042		BURGLAR FORCE NO F. YES NO		NO. OF UNITS ENT. 2																	
MM/DD/YY 07/30/2015		MM/DD/YY 07/30/2015		MM/DD/YY 07/30/2015		ADDRESS / LOCATION OF INCIDENT 3347 CERRILLOS				CITY SANTA FE		CTY. 01		ZIP 87507		HATE / BIAS MOT. CODE 00																	
TIME 05:00		DAY OF WEEK THU		TIME 05:15		DAY OF WEEK THU		TIME 05:15		DAY OF WEEK THU		GANG REL. YES NO		HATE / BIAS MOT. CODE 00																			
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
						1		BURGLARY		30-16-3		F		C		220		NO		NO		NO				14		01		UNK UNK UNK			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE							
						S-PARENT/GUARDIAN		C-CITIZEN		D-DECEASED				H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-BROKEN BONE		M-MINOR INJURY		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER			
						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				I-INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN		J-JAPANESE		U-UNKNOWN			
						I-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				L-LOSS OF TEETH						A-AMERICAN INDIAN/NATIVE AMERICAN							
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
						V		I		N		WOLLHEIM																					
												PETER																					
												BENJAMIN																					
												STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP											
												940 S OASIS				COTTONWOOD				AZ		86325											
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX																	
						(928) 202-7856										M																	
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.							
						5' 07"		147 LBS		BRO		BRO																					
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																	
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX																	
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.							
						PROPERTY STATUS																											